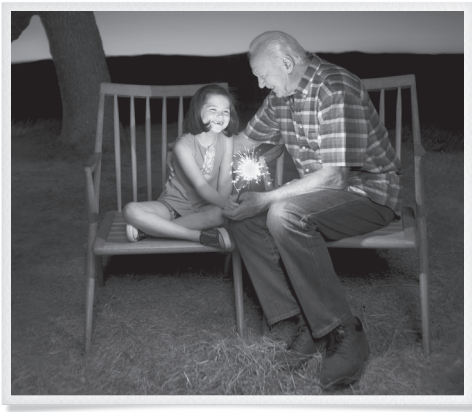


2012

Summary of Benefits

Humana Medicare Employer RPPO

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RPPO 079/505

Thank you for your interest in the Humana Medicare Employer Regional PPO plan. This plan is offered by Humana Insurance Company; a Medicare Advantage Preferred Provider Organization (PPO). This **Summary of Benefits** tells you some features of our plan, offered by Humana Insurance Company. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of benefits is available in the **"Evidence of Coverage."** You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer care number on the back of your ID card.

Our Members receive all the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year. You always have the option of switching to Original Medicare. However, there are serious implications about this decision. For more information about your options, please contact your benefits administrator.

Participating primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you. You can go to doctors, specialists or hospitals in or out of the network, but you may pay more for services you receive from providers outside of the network.

If you see a provider who accepts Medicare assignment as well as Humana's payment terms and conditions, you will pay a cost-share based on a contracted amount.

If you see a provider who accepts Medicare assignment but does not accept Humana's payment terms and conditions, you will pay a cost-share based on Original Medicare's fee schedule.

Be sure to contact providers before you see them to make sure they accept Medicare.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. If a Medicare Advantage Plan leaves the program the following year, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area. As a member of Humana Medicare Employer Regional PPO you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs.

- Some Antigens: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- Osteoporosis Drugs: Injectable drugs for osteoporosis for certain women with Medicare.
- Erythropoietin (Epoetin Alfa or Epogen®): By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- Hemophilia Clotting Factors: Self-administered clotting factors if you have hemophilia.
- Injectable Drugs: Most injectable drugs administered incident to a physician's service.
- Immunosuppressive Drugs: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- Some Oral Cancer Drugs: If the same drug is available in injectable form.
- Oral Anti-Nausea Drugs: If you are part of an anti-cancer chemotherapeutic regimen.
- Inhalation and Infusion Drugs provided through DME.

Where is Humana Medicare Employer Regional PPO available?

This plan is available in Alabama, Arizona, Arkansas, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, West Virginia, and Wisconsin. You must live in one of these service areas to join the plan.

The employer, union or trust determines where they are going to offer the plan.

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Employer RPPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer RPPO (for Services Provided by an Out-of-Network Provider) Pays:
Physician Services	• Office visits in conjunction with an illness or injury	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$10 copayment to primary care physician; or 100% per visit after \$100 annual deductible and \$35 copayment to specialists	70% after \$300 annual deductible
	• Allergy injections and serum	80% after \$162 deductible	100% after \$100 annual deductible (1)	70% after \$300 annual deductible
	• Diagnostic tests and X-rays	80% after \$162 deductible	100% after \$100 annual deductible (1)	70% after \$300 annual deductible
	• Medicare-approved lab services	100%	100% after \$100 annual deductible (1)	70% after \$300 annual deductible
Preventive Care	• Physical exams	100% for one exam every 12 months; does not include lab tests	100% (limited to one per year) (1)	70% (limited to one per year)
	• Diabetes self-monitoring training	80% after \$162 deductible	100% (1)	70%
	• Bone mass measurement (for people with Medicare who are at risk)	100% once every 24 months	100% (limited to one per year) (1)	70% (limited to one per year)
	• Colorectal screening exams (for people with Medicare age 50 and older)	100% for screening colonoscopy or screening flexible sigmoidoscopy; visits are limited depending on the type of test	100% (limited to one per year) (1)	70% (limited to one per year)
	• Immunizations (flu vaccine, Hepatitis B vaccine, and pneumonia vaccine)	100% (you may only need the pneumonia vaccine once in your lifetime. Please contact your doctor for further details)	100% (1)	100% (1)
	• Mammograms (annual screening for women with Medicare age 40 and older)	100% once every 12 months	100% (limited to one per year) (1)	70% (limited to one per year)

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Employer RPPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer RPPO (for Services Provided by an Out-of-Network Provider) Pays:
Preventive Care (Continued)	<ul style="list-style-type: none"> Pap smears and pelvic exams (for women with Medicare) 	100% for pelvic exam (there is no copayment for a Pap smear once every 24 months; once every 12 months for beneficiaries at high risk)	100% (limited to one per year) (1)	70% (limited to one per year)
	<ul style="list-style-type: none"> Prostate cancer screening exams (for men with Medicare age 50 and older) 	100% for the PSA test every 12 months ; 80% for the digital rectal exam and other related services every 12 months	100% (limited to one per year) (1)	70% (limited to one per year)
	<ul style="list-style-type: none"> Nutrition therapy (for ESRD or diabetic patients) 	100%	100% (1)	70%
	<ul style="list-style-type: none"> Smoking cessation (Medicare-covered) 	80% after \$162 deductible if ordered by a doctor. Covers up to 8 face to face visits every 12 months; 100% if you have not been diagnosed with an illness caused or complicated by tobacco use	100% (1)	70%
	<ul style="list-style-type: none"> Abdominal aortic aneurysm screening (for people with Medicare who are at risk) 	100% for one time screening if deemed necessary from your physical exam	100% (limited to one per year) (1)	70% (limited to one per year)
	<ul style="list-style-type: none"> Cardiovascular disease testing 	100% for the test once every five years	100% (limited to one per year) (1)	70% (limited to one per year)
	<ul style="list-style-type: none"> Glaucoma screening (for people at high risk) 	80% after \$162 deductible once every 12 months	100% (limited to one per year) (1)	70% (limited to one per year)
	<ul style="list-style-type: none"> HIV screening (for pregnant women and people at high risk) 	100% for the test once every 12 months or three times during pregnancy	100% (limited to one per year) (1)	70% (limited to one per year)

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Employer RPPO (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer RPPO (for Services Provided by an Out-of-Network Provider) Pays:
Preventive Care (Continued)	• EKG screening	80% after \$162 deductible for one time screening if deemed necessary from your physical exam	100% (limited to one per year) (1)	70% (limited to one per year)
	• Diabetes screening (for people at high risk)	100% for the test up to two times per year	100% (limited to one per year) (1)	70% (limited to one per year)
	• Kidney disease education services	80% after \$162 deductible for up to 6 sessions if you have Stage IV chronic kidney disease, and your doctor refers you for the service	100% (1)	70%
Hospital Services	• Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits)	100% after the following amounts for each benefit period - \$1,132 deductible for days 1-60; \$283 copayment per day (days 61-90); \$566 copayment per lifetime reserve day (days 91-150) (3)	100% after \$100 annual deductible and \$165 copayment per day (days 1-5) per admission; 100% after day 5 (2)	70% after \$300 annual deductible (2)
	• Outpatient nonsurgical services	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$0-\$75 copayment (based on services received)	70% after \$300 annual deductible
	• Outpatient surgical services	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$125 copayment	70% after \$300 annual deductible
	• Emergency care (emergency room, emergency services)	80% after \$162 deductible and emergency room copayment (waived if admitted to hospital within 3 days of emergency room visit)	100% per visit after \$65 copayment (waived if admitted within 24 hours)	100% per visit after \$65 copayment (waived if admitted within 24 hours)

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Employer RPP0 (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer RPP0 (for Services Provided by an Out-of-Network Provider) Pays:
Additional Medical Services	• Ambulatory surgical center	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$100 copayment	70% after \$300 annual deductible
	• Immediate care facility	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$35 copayment	70% after \$300 annual deductible
	• Ambulance	80% after \$162 deductible	100% after \$100 copayment per date of service	100% after \$100 copayment per date of service
	• Physical, respiratory, audiology, cardiac, occupational or speech therapy	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$35-\$75 copayment (based on where services are received)	70% after \$300 annual deductible
	• Home health services	100%	100% after \$100 annual deductible	70% after \$300 annual deductible
	• Durable medical equipment (includes oxygen received from a durable medical equipment provider or pharmacy)	80% after \$162 deductible	80% after \$100 annual deductible	70% after \$300 annual deductible
	• Diabetic monitoring supplies	80% after \$162 deductible	100% after \$100 annual deductible (Medicare-covered diabetic monitoring supplies received from a pharmacy do not apply to annual deductible) (1)	70% after \$300 annual deductible (Medicare-covered diabetic monitoring supplies received from a pharmacy do not apply to annual deductible)
	• Renal dialysis	80% after \$162 deductible	80%-100% per visit after \$100 annual deductible (based on where services are received)	80%-100% per visit after \$300 annual deductible (based on where services are received)
	• Skilled nursing facility	100% for days 1-20 (3-day hospital stay required); 100% after \$141.50 copayment per day (days 21-100); per benefit period (3)	100% after \$100 annual deductible for days 1-10 (no 3-day hospital stay is required); 100% after \$100 copayment per day (days 11-100); per benefit period (3)	70% after \$300 annual deductible up to 100 days (no 3-day hospital stay is required); per benefit period (3)

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Employer RPP0 (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer RPP0 (for Services Provided by an Out-of-Network Provider) Pays:
Mental and Nervous Disorder Services	<ul style="list-style-type: none"> Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits) (190-day lifetime maximum in a psychiatric hospital) 	100% after the following amounts for each benefit period - \$1,132 deductible for days 1-60; \$283 copayment per day (days 61-90); \$566 copayment per lifetime reserve day (days 91-150) (3)	100% after \$100 annual deductible and \$165 copayment per day (days 1-5) per admission; 100% after day 5 (2)	70% after \$300 annual deductible (2)
	<ul style="list-style-type: none"> Outpatient 	55% after \$162 deductible	100% per visit after \$100 annual deductible and \$10-\$40 copayment (based on where services are received)	70% after \$300 annual deductible
Alcohol and Drug Abuse Services	<ul style="list-style-type: none"> Inpatient care at network hospitals (semiprivate room, ancillary services, physician visits) 	100% after the following amounts for each benefit period - \$1,132 deductible for days 1-60; \$283 copayment per day (days 61-90); \$566 copayment per lifetime reserve day (days 91-150) (3)	100% after \$100 annual deductible and \$165 copayment per day (days 1-5) per admission; 100% after day 5 (2)	70% after \$300 annual deductible (2)
	<ul style="list-style-type: none"> Outpatient 	80% after \$162 deductible	100% per visit after \$100 annual deductible and \$10-\$40 copayment (based on where services are received)	70% after \$300 annual deductible
Prescription Drugs	<ul style="list-style-type: none"> Prescription drugs covered under Part B 	80% after \$162 deductible	80% after \$100 annual deductible	80% after \$300 annual deductible
	<ul style="list-style-type: none"> Prescription drugs covered under Part D 	Most drugs are not covered under Original Medicare	If your plan provides Part D prescription drug coverage, please see attached Prescription Drug Schedule	

	Benefit	Original Medicare Plan* Pays:	Humana Medicare Employer RPP0 (for Services Provided by an In-Network Provider) Pays:	Humana Medicare Employer RPP0 (for Services Provided by an Out-of-Network Provider) Pays:
Out-of-Pocket Maximum		None	100% after \$3,000 per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs and plan premiums do not apply toward this maximum)	100% after \$5,000 per plan year (If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient Part D prescription drugs, care during foreign travel, and plan premiums do not apply toward this maximum)

* This Summary of Benefits includes the 2011 Medicare cost sharing amounts and will change effective January 1, 2012. Social Security will notify you of the new 2012 Medicare Part B premium, deductible and Part A cost sharing amounts prior to January 1, 2012.

Benefits apply to Medicare-covered services only and costs are calculated using Medicare-approved amounts. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please refer to the customer service number on the back of your ID card.

- (1) Copayment or coinsurance may apply if other services are received at the time of the visit.
- (2) Inpatient hospital admissions, except in emergency or urgently needed care situations, require prior authorization from Humana.
- (3) A "benefit period" starts the day you go into the hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you have.

	Health and Wellness Programs	These Services are not offered by Original Medicare	You Pay Nothing for these Programs
Extra Benefits	• SilverSneakers®	This benefit is not offered	Available to all members except for those who live in Nevada and Pennsylvania
	• Silver&Fit™	This benefit is not offered	Available to all members who live in Nevada and Pennsylvania
	• Humana Active Outlook SM	This benefit is not offered	Health and wellness education available to all Humana Medicare Advantage members
	• HumanaFirst®	This benefit is not offered	A toll-free 24-hour, 7-day-a-week medical information service with specially trained registered nurses to answer questions on symptom-related health conditions
	• Well Dine Inpatient Meal Program	This benefit is not offered	After your overnight stay in a hospital or nursing facility, you are eligible for ten nutritious, precooked frozen meals delivered to your door at no cost to you. Not available to members who live in Alaska or Hawaii.
	• QuitNet®	This benefit is not offered	Smoking cessation service available to all Humana Medicare Advantage members through QuitNet®

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HUMANA®

A health plan with a Medicare contract available to anyone entitled to Part A and enrolled in Part B of Medicare through age or disability. You must continue to pay your Medicare Part B premiums. This is an advertisement; for full information on plan benefits, contact the plan.

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